



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

D3224-1

Job Sheet 175149



Part No: D3224-1

Job Qty: 4 ea

Part Name: Frame



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/28/18

Job Tracking No:

Due Date: 4/27/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV B IPP Rev:A New Issue 05-11-06 JLM IPP: B 06.11.15 waterjet EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 4 Ea  |            | 4/26/18  | 0.00      | 0.00    | Start Up Waterjet     |           | DC 18/04/18 |
| 100   | Waterjet           | 4 pcs |            | 4/26/18  | 0.00      | 1.67    | Waterjet1             |           | DC 18/04/18 |
| 110   | QC                 | 4 pcs |            | 4/26/18  | 0.00      | 0.00    | QC2 Waterjet-1        |           | DC 18/04/18 |
| 120   | QC                 | 4 pcs |            | 4/26/18  | 0.00      | 0.00    | QC8-2                 |           | 30          |
| 140   | Brake NC           | 4 pcs |            | 4/26/18  | 0.09      | 0.50    | Brake NC 1            |           | 9-89 SK     |
| 150   | QC                 | 4 pcs |            | 4/26/18  | 0.00      | 0.00    | QC5                   |           | 23          |
| 160   | HandFinish         | 4 pcs |            | 4/27/18  | 0.00      | 0.46    | HandFinish1           |           | SA 18-04-19 |
| 170   | QC                 | 4 pcs |            | 4/27/18  | 0.00      | 0.00    | QC7-2                 |           | 11          |
| 180   | Packaging          | 4 pcs |            | 4/27/18  | 0.00      | 0.00    | Packaging3-1          | ST425     | APR 19 2018 |
| 190   | QC21-SA            | 4 Ea  |            | 4/27/18  | 0.00      | 0.00    | QC21                  |           | APR 19 2018 |

Part Op 100 - 1-Cut as per Dwg D3224  
Descriptions: 140 - Form as per Dwg D3224

### Job BOM

| Part / Item  | Component Name     | Quantity            | Operation             | Container |
|--------------|--------------------|---------------------|-----------------------|-----------|
| M2024T3S.063 | 2024-T3 .063 Sheet | 20.8000 sf (5.2 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M2024T3S.063   | 21       | 137       | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                       |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|--|--|-------------|--------------------------|--------------------------|--------------------|--------|--------------------------|--------------------------|----------|----------|--------------------------|--------------------------|--------------|---------------|--------------------------|--------------------------|----------|--------------|--------------------------|--------------------------|----------|----------|--------------------------|--------------------------|-----------------|--------------------|--------------------------|--------------------------|------------------|------------------|--------------------------|--------------------------|---------|-----|--------------------------|--------------------------|---------------------|------------|--------------------------|--------------------------|---------------------|------------------|--------------------------|--------------------------|-----------------------|---------------|--------------------------|--------------------------|----------|
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | <b>MRB (QSI042) Approval</b><br><br><br><b>Completed By</b><br><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><br><b>QC / QA Coordinator Approval</b> |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| <div style="position: relative;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 0.8em;">           DART Aerospace Ltd.<br/>           Unit 1, Aberdeen Street<br/>           1270 Keston, OH 43087<br/>           Haverhill, MA 01830<br/>           Tel: 1 813 632-8200<br/>           Email: sales@dartaerospace.com<br/>           www.dartaerospace.com         </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg); font-size: 1.5em; font-weight: bold;">           DART AEROSPACE<br/>           Container No: S062123<br/>           Part: D3224-1<br/>           Job No: 175149<br/>           Serial No/Batch: S062123<br/>           Revision: _____<br/>           Inspector: _____         </div> <div style="position: absolute; top: 10%; right: 10%; transform: rotate(90deg); font-size: 0.7em;">           Date: 04/10/18         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> </tr> <tr> <td style="width:15%;">Environment</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:55%;">No Re-verification</td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Operator</td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Offset/Setup</td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Supplier</td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Training</td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Use for Testing</td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Poor Information</td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Rushing</td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Product Improvement</td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Process Improvement</td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Past Due</td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> OTHER : _____     </div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                           |  | Root Cause |  |  |  | Environment | <input type="checkbox"/> | <input type="checkbox"/> | No Re-verification | Design | <input type="checkbox"/> | <input type="checkbox"/> | Operator | Doc/Data | <input type="checkbox"/> | <input type="checkbox"/> | Offset/Setup | Equip/Tooling | <input type="checkbox"/> | <input type="checkbox"/> | Supplier | Handling/Pre | <input type="checkbox"/> | <input type="checkbox"/> | Training | Material | <input type="checkbox"/> | <input type="checkbox"/> | Use for Testing | Internal Transport | <input type="checkbox"/> | <input type="checkbox"/> | Poor Information | Tribal Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | Rushing | LOA | <input type="checkbox"/> | <input type="checkbox"/> | Product Improvement | Substation | <input type="checkbox"/> | <input type="checkbox"/> | Process Improvement | Past Expiry Date | <input type="checkbox"/> | <input type="checkbox"/> | Manufacturing Process | Misidentified | <input type="checkbox"/> | <input type="checkbox"/> | Past Due |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No Re-verification    |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Operator              |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Offset/Setup          |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Supplier              |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Training              |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Use for Testing       |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Poor Information      |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rushing               |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Product Improvement   |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Process Improvement   |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Manufacturing Process |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Past Due              |                                                                                                                                                                           |  |            |  |  |  |             |                          |                          |                    |        |                          |                          |          |          |                          |                          |              |               |                          |                          |          |              |                          |                          |          |          |                          |                          |                 |                    |                          |                          |                  |                  |                          |                          |         |     |                          |                          |                     |            |                          |                          |                     |                  |                          |                          |                       |               |                          |                          |          |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div style="font-size: 2em; color: blue;">30'03</div> <div style="border: 2px solid blue; width: 100px; height: 100px; margin: 20px auto; position: relative;"> <div style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 1.5em; color: blue;">5'58</div> </div>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |